

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		
O.I.P.E. CLASSIFIER			4-19-02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
"	Allowed	I	Interference
(Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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